



Signature Authorization Form

Name of Department, Board, or Commission:

The following person is authorized to sign all personnel/payroll documents for the
Appointing Authority of the above-named department.

Name (type): _____

Signature: _____

Alternates authorized:

Name (type): _____

Signature: _____

Name (type): _____

Signature: _____

Name (type): _____

Signature: _____

(Signature of Appointing Authority)

(Date)